## United States Patent and Trademark Office

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# NOTICE OF ALLOWANCE AND FEE(S) DUE

24923

10/20/2006

PAUL S MADAN MADAN, MOSSMAN & SRIRAM, PC 2603 AUGUSTA, SUITE 700 HOUSTON, TX 77057-1130

EXAMINER FORTUNA, ANA M ART UNIT PAPER NUMBER

DATE MAILED: 10/20/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|-----------------|-------------|-----------------------|---------------------|------------------|--|
| 10/799,442      | 03/12/2004  | Pandian Senthil Kumar | KSP-1003US          | 6246             |  |

TITLE OF INVENTION: PROCESS FOR THE PREPARATION OF FREE STANDING MEMBRANES

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$700         | \$300°              | \$0                  | \$1000           | 01/22/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED.</u> THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW

#### **HOW TO REPLY TO THIS NOTICE:**

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless correct<br>maintenance fee notifica                                                                                                                | ed below or directed otl                                                                                                                                | herwise in Block 1, by (                                                                                                                                                                                                                                                                      | (a) specifying a new co                                                                                       | ormesp                             | aintenance tees wondence address;                                                                      | and/or                                       | (b) indicating a separ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | correspondence address as rate "FEE ADDRESS" for                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPOND                                                                                                                                                  | . 1                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                               |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 2603 AUGUSTA                                                                                                                                                        | AN<br>SMAN & SRIRAM<br>A, SUITE 700                                                                                                                     | 7, PC                                                                                                                                                                                                                                                                                         | ]                                                                                                             | I here<br>States<br>addre          | Cert by certify that this Postal Service w ssed to the Mail                                            | ificate<br>s Fee(s<br>ith sufi<br>Stop       | of Mailing or Transn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | deposited with the United<br>t class mail in an envelope<br>above, or being facsimile                                            |
| HOUSTON, TX                                                                                                                                                         | 77057-1130                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                                               |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                                                               |
|                                                                                                                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                               |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                                      |
|                                                                                                                                                                     |                                                                                                                                                         | · <del></del>                                                                                                                                                                                                                                                                                 |                                                                                                               |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                                                           |
| APPLICATION NO.                                                                                                                                                     | FILING DATE                                                                                                                                             | · .                                                                                                                                                                                                                                                                                           | FIRST NAMED INVENT                                                                                            | FOR                                |                                                                                                        | ATTO                                         | RNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONFIRMATION NO.                                                                                                                 |
| 10/799,442<br>TITLE OF INVENTION                                                                                                                                    | 03/12/2004<br>E: PROCESS FOR THE I                                                                                                                      | PREPARATION OF FRI                                                                                                                                                                                                                                                                            | Pandian Senthil Kum EE STANDING MEMB                                                                          |                                    | IES                                                                                                    | 1                                            | KSP-1 <u>0</u> 03US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6246                                                                                                                             |
| APPLN. TYPE                                                                                                                                                         | SMALL ENTITY                                                                                                                                            | ISSUE FEE DUE                                                                                                                                                                                                                                                                                 | PUBLICATION FEE DU                                                                                            | UE I                               | PREV. PAID ISSUE                                                                                       | FEE                                          | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                         |
| nonprovisional                                                                                                                                                      | YES                                                                                                                                                     | \$700                                                                                                                                                                                                                                                                                         | \$300                                                                                                         |                                    | · \$0                                                                                                  |                                              | \$1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01/22/2007                                                                                                                       |
| EXAM                                                                                                                                                                | IINER                                                                                                                                                   | ART UNIT                                                                                                                                                                                                                                                                                      | CLASS-SUBCLASS                                                                                                |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| FORTUNA                                                                                                                                                             | A, ANA M                                                                                                                                                | 1723                                                                                                                                                                                                                                                                                          | 210-500370                                                                                                    |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-C Number is required.                                                       | ned. Use of a Customer                                                                                                                                  | (1) the names of up<br>or agents OR, altern<br>(2) the name of a si<br>registered attorney<br>2 registered patent a<br>listed, no name will                                                                                                                                                   | a single firm (having as a member a ey or agent) and the names of up to nt attorneys or agents. If no name is |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| PLEASE NOTE: Uni<br>recordation as set fort<br>(A) NAME OF ASSIG                                                                                                    | less an assignee is ident<br>h in 37 CFR 3.11. Comp<br>GNEE                                                                                             | pletion of this form is NC                                                                                                                                                                                                                                                                    | data will appear on the T a substitute for filing (B) RESIDENCE: (CI                                          | e pate<br>an as                    | ent. If an assigne<br>ssignment.<br>and STATE OR Co                                                    | TNUC                                         | RY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cument has been filed for                                                                                                        |
| Please check the appropr                                                                                                                                            | iate assignee category or                                                                                                                               | categories (will not be p                                                                                                                                                                                                                                                                     | rinted on the patent):                                                                                        | I                                  | ndividual U Coi                                                                                        | poratio                                      | on or other private grou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | up entity Government                                                                                                             |
| 4a. The following fee(s)  Issue Fee Publication Fee (N Advance Order - i                                                                                            | b. Payment of Fee(s): (F                                                                                                                                | ed.<br>card.<br>ebv a                                                                                                                                                                                                                                                                         | Form PTO-2038                                                                                                 | is attac                           | thed.                                                                                                  |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
|                                                                                                                                                                     | tus (from status indicated s SMALL ENTITY state                                                                                                         |                                                                                                                                                                                                                                                                                               | ☐ b. Applicant is no                                                                                          | 1                                  | m alaimina SMAI                                                                                        | I ENT                                        | ITV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |
| NOTE: The Issue Fee an                                                                                                                                              | d Publication Fee (if requ                                                                                                                              |                                                                                                                                                                                                                                                                                               | d from anyone other tha                                                                                       |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e assignee or other party in                                                                                                     |
| Authorized Signature                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                               |                                    | Date                                                                                                   |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Typed or printed nam                                                                                                                                                |                                                                                                                                                         | Registration No.                                                                                                                                                                                                                                                                              |                                                                                                               |                                    |                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | ation is required by 37 C<br>tiality is governed by 35<br>1 application form to the<br>ons for reducing this bur<br>firginia 22313-1450. DC<br>13-1450. | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR                                                                                                                                                                            | on is required to obtain 1.14. This collection is depending upon the interest of the Complete Forms           | or ret<br>estin<br>divid<br>ficer, | ain a benefit by the<br>mated to take 12 m<br>lual case. Any cor<br>U.S. Patent and T<br>THIS ADDRESS. | e publi<br>inutes<br>nments<br>radem<br>SEND | c which is to file (and to complete, including on the amount of timer of timer of timer of timer of the troit of troit of the troit of troit of the troit of troit of the troit of t | by the USPTO to process) gathering, preparing, and e you require to complete trment of Commerce, P.O. or Patents, P.O. Box 1450, |

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| 10/799,442                  |    | 03/12/2004 | Pandian Senthil Kumar           | KSP-1003US          | 6246             |  |  |  |
| 24923 7590 10/20/2006       |    |            |                                 | EXAM                | · EXAMINER       |  |  |  |
| PAUL S MAI                  | AN |            | FORTUNA                         | FORTUNA, ANA M      |                  |  |  |  |
| MADAN, MOS                  |    | •          | ART UNIT                        | PAPER NUMBER        |                  |  |  |  |
| 2603 AUGUST<br>HOUSTON, TX  |    |            | 1723<br>DATE MAILED: 10/20/2006 |                     |                  |  |  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 495 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 495 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.